

Student Information

First Name: _____ Last Name: _____

For Site Use Only

Site Address: _____

Site Phone Number: _____ Site Fax Number: _____

Site Supervisor: _____ License #: _____

Email Address: _____

How are

General description of the Practicum/Internship Site (overall mission, general types of clients, and services offered):

Training opportunities provided to Practicum/Internship students:

Purpose/Goals of the Practicum/Internship:

How does the Practicum/Internship Site support students' professional development?

Specific Activities that the Practicum/Internship student would be expected to perform:

Ongoing activities (ongoing tasks such as meetings, computer entry):

Acknowledgement

By signing below, I acknowledge all information provided on this form is true and correct to the best of my knowledge.

Proposed Site Supervisor Signature: _____ Date: _____

***Please attach proposed supervisor’s resume and copy of their license.**

For Office Use Only

Site Approved

Site Denied

If denied, reason for denial:

Director of Clinical Training Signature: _____ Date: _____